

# Foster Family Home - Corrective Action Report

Provider ID: 1-563545

Home Name: Rochelle Domingo, CNA

Review ID: 1-563545-7

94-1036 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/25/2018

End Date: 10/25/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/25/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date